

**STATE OF VERMONT EMPLOYEE MEDICAL PLANS FOR OVER 65 RETIREES**  
**Effective January 1, 2010**

| Benefit/Feature   | TotalChoice Plan   | HealthGuard PPO Plan                   |   |
|---|--|--|---|
|   |  | In-network                             | Out-of-Network                          |
| <b>Annual DEDUCTIBLE</b>                                    | \$300 per person; \$600 per family   | \$300 per person; \$600 per family     | \$500 per person; \$1,000 per family    |
| <b>MAXIMUM annual COPAYS (after deductible is met)</b>      | \$750 per person; \$2,250 per family   | \$2,000 per person; \$6,000 per family | \$4,000 per person; \$12,000 per family |
| <b>Maximum Lifetime Benefit Per Member</b>                  | \$2 million  | \$2 million                            | \$2 million                             |
| <b><i>PERCENTAGE THAT THE PLAN PAYS</i></b>                 |  |  |   |
| <b>Inpatient Hospital</b>                                   | 90%  | 80%                                    | 60%                                     |
| <b>Outpatient Hospital</b>                                  | 80%  | 80%                                    | 60%                                     |
| <b>Emergency Room</b>                                       | 80%  | 80%                                    | 60%                                     |
| <b>Physician Charges</b>                                    |  |  |   |
| • Office visit  | 80%  | 80%                                    | 60%                                     |
| • Surgery   | 90% inpatient; 80% outpatient  | 80%                                    | 60%                                     |
| • In-Hospital visit   | 90%  | 80%                                    | 60%                                     |
| <b>Diagnostic X-ray and Labs</b>                            | 80%  | 80%                                    | 60%                                     |
| <b>Home Healthcare</b>                                      | 80%  | 80%                                    | 60%                                     |
| <b><i>COMMON BENEFITS IN ALL PLANS</i></b>                  |  |  |   |
| <b>Preventive Exams &amp; Tests-Program Benefits</b>        | 1. Physicals (includes well child care). 2. Immunizations 3. Prostate & GYN exams. 4. Mammograms. Included as regular benefits subject to the plan deductible and coinsurance, or copay, if applicable. However, maximum out-of-pocket expense of \$25 applies. 5. Colonoscopies. Included as regular benefits subject to the plan deductible and coinsurance, or copay, if applicable. However, maximum out-of-pocket expense of \$100 applies. Benefit provided to all members, including dependents.                      |  |   |
| <b>Wellness Program Benefits</b>                            | Available to all active employees and retirees in any of the health plan options, at no charge to the employee or retiree  |  |   |
| <b>Mental Health &amp; Substance Abuse Program Benefits</b> | In-Network: Paid at 100%. No predetermined visit or day limits.<br>Out-of- Network: Visit & day limits apply. Deductibles & copay required.  |  |   |
| <b>Prescription Drugs</b>                                   | This is a prescription drug card plan, which combines both local retail and mail order drugs. There is an annual \$25 per person/\$75 family deductible. Individual pays 10% copay for generic drugs, 20% copay for preferred brand drugs, and 40% copay for non-preferred brand drugs. 40% copay drugs will <b>not</b> be counted toward the maximum out-of-pocket limit, except for Speciality drugs. Maximum out-of-pocket is \$750 per covered member per year for both retail and mail order, including the deductible. |  |   |
| <b>Routine Vision Care</b>                                  | The plan pays \$100 every two years, with no deductible and coinsurance, or copay. Benefits available for every plan member, <b>including dependents</b> . Covers routine exams and/or lens changes.   |  |   |